

June 28, 2016  
Announcement 1175

**Attention Provider Type (PT) 11:**

**All-Inclusive Facility Rate Established for Organ Transplant Procedures and Procurement**

Nevada Medicaid has established a maximum reimbursement rate for provider type (PT) 11 (Hospital, Inpatient) for organ transplant procedures and procurement. For in-state and catchment area hospitals with accredited transplant programs, Nevada Medicaid will pay the lower of 1) billed charges or 2) an all-inclusive fixed fee set forth below for the entire admission period (from admission date to discharge date). Organ procurement is a separate reimbursable charge, over and above the facility inpatient component of the transplant service. Organ procurement is reimbursed the lower of 1) billed charges or 2) the maximum reimbursement set forth below. Based on the Medicaid State Plan, rates for claims with dates of service after June 30, 2016, will be adjusted for inflation using the Consumer Price Index for inpatient services.

<b>Rates Effective dates of services January 1, 2016, to June 30, 2016</b>		
	<b>Hospital Services</b>	<b>Procurement</b>
<b>Organ</b>		
Liver	\$139,685	\$95,000
Kidney	\$41,860	\$84,400
<b>Tissue</b>		
Bone Marrow - Autologous	\$74,305	\$10,700
Bone Marrow - Allogeneic Related	\$167,860	\$55,700
Bone Marrow - Allogeneic Unrelated	\$167,860	\$55,700
Cornea	\$7,000	\$2,500

All claims for organ transplants must be submitted on a CMS-1500 or UB-04 paper claim form and include a cover letter requesting manual review.

Providers are advised to verify prior authorization requirements for each Current Procedural Terminology (CPT) code by using the Electronic Verification System (EVS) or the Authorization Criteria search function in the Provider Web Portal. On the Nevada Medicaid website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov), select the "EVS" tab and either log in to EVS or select the "Authorization Criteria" link.